

CERTIFICATION OF VITAL RECORD

COUNTY OF OAKLAND
STATE OF MICHIGAN

LF _____
CF 2019-02701



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
217859

DECEDENT	1. DECEDENT'S NAME (First, Middle, Last) Linda Lee Fitch		2. DATE OF BIRTH REDACTED		3. SEX Female		4. DATE OF DEATH March 09, 2019				
	5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS Linda Lee Fisher			6a. AGE- Last Birthday (Years) 65		6b. UNDER 1 YEAR MONTHS DAYS		6c. UNDER 1 DAY HOURS MINUTES			
	7a. LOCATION OF DEATH St Joseph Mercy - Oakland			7b. CITY, VILLAGE OR TOWNSHIP OF DEATH Pontiac			7c. COUNTY OF DEATH Oakland				
	8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Oakland		8c. LOCALITY Sylvan Lake		8d. STREET AND NUMBER 1470 Rosedale Avenue				
INFORMANT	8e. ZIP CODE 48320		9. BIRTH PLACE Pontiac, Michigan		10. SOCIAL SECURITY NUMBER REDACTED		11. DECEDENT'S EDUCATION High school graduate				
	12. RACE White		13a. ANCESTRY German			13b. HISPANIC ORIGIN No		14. EVER IN THE U.S. ARMED FORCES? No			
	15. USUAL OCCUPATION Bookkeeper		16. KIND OF BUSINESS OR INDUSTRY Construction		17. MARITAL STATUS Married		18. NAME OF SURVIVING SPOUSE (If wife, give name before first married) Merle Allan Fitch Sr.				
	19. FATHER'S NAME (First, Middle, Last) Henry Carl Fisher			20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Pauline Lucille Smith							
DISPOSITION	21a. INFORMANT'S NAME Merle Allan Fitch Sr.		21b. RELATIONSHIP TO DECEDENT Husband		21c. MAILING ADDRESS 1470 Rosedale, Sylvan Lake, Michigan 48320						
	22. METHOD OF DISPOSITION Burial		23a. PLACE OF DISPOSITION Perry Mount Park Cemetery & Crematory			23b. LOCATION - City or Village, State Pontiac, Michigan					
	24. SIGNATURE OF MORTUARY SCIENCE LICENSEE Michael A. Evans		25. LICENSE NUMBER 4501006257		26. NAME AND ADDRESS OF FUNERAL FACILITY Donelson, Johns and Evans Funeral Home, 5391 Highland Road, Waterford, Michigan 48327						
	27a. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the (cause(s) and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, autopsies, or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Prakash N. Sanghvi, MD Signature and		28a. ACTUAL OR PRESUMED TIME OF DEATH 11:40 AM		28b. PRONOUNCED DEAD ON March 09, 2019		28c. TIME PRONOUNCED DEAD 11:40 AM				
CERTIFICATION	29. MEDICAL EXAMINER CONTACTED No		30. PLACE OF DEATH Hospital		31. IF HOSPITAL Inpatient						
	27b. DATE SIGNED March 13, 2019		27c. LICENSE NUMBER 4301066270		32. MEDICAL EXAMINER'S CASE NUMBER		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER				
	34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN Prakash N. Sanghvi, MD, 2111 Orchard Lake Rd., Sylvan Lake, Michigan 48320										
	35a. REGISTRAR'S SIGNATURE <i>Lisa Brown</i>				35b. DATE FILED March 14, 2019						
CAUSE OF DEATH	36. PART I. ENTER the chain of events, diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, fibrillation without showing the etiology. Enter only one cause on line. If diabetic was an underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of a. Ovarian Cancer DUE TO (OR AS A CONSEQUENCE OF) b. Sepsis DUE TO (OR AS A CONSEQUENCE OF) IMMEDIATE CAUSE (Final disease or condition resulting in death) c. Colon Cancer DUE TO (OR AS A CONSEQUENCE OF) Sequentially list IF ANY, leading to the listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) d. EAST PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I							37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		38. IF FEMALE <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death	
	39. MANNER OF DEATH Natural		40a. WAS AN AUTOPSY PERFORMED? No		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Not Applicable						
	41a. DATE OF INJURY		41b. TIME OF INJURY		41c. DESCRIBE HOW INJURY OCCURRED						
	41d. INJURY AT WORK		41e. PLACE OF INJURY		41f. IF TRANSPORTATION INJURY		41g. LOCATION				

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NOT VALID IF PHOTOCOPIED.

MAR 14 2019

DATE

I, LISA BROWN, CLERK AND REGISTER OF DEEDS OF SAID COUNTY OF OAKLAND DO HEREBY CERTIFY that the foregoing is a true and exact copy of the original document on file in my office.

Lisa Brown
LISA BROWN

Oakland County Clerk and Register of Deeds

By: *[Signature]* Deputy Clerk

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE